

Hills (A.K.)

INSTRUCTIONS

TO

PATIENTS

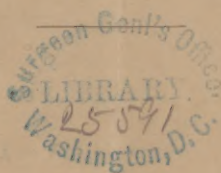
FOR

Communicating with Physicians.

ARRANGED BY

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FROM

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INSTRUCTIONS TO PATIENTS,

HOW TO COMMUNICATE THEIR CASES TO A PHYSICIAN BY LETTER.

Arranged from Hering, with additions by ALFRED K. HILLS, M.D., of New York.

With pen in hand at once note the symptoms, as they occur to the mind in reading, and do not use anatomical expressions, such as pain in kidneys, spleen or liver.

Patients should give a full history of their cases in their own way, as though these instructions were not before them, viz: commencement, progress and presumptive causes.

The AGE and SEX of the patient, and whether MARRIED or SINGLE.

State whether the patient is of a LARGE OR DIMINUTIVE frame of body, MEAGRE OR STOUT, FEEBLE OR ROBUST.

Whether easy to take cold, or very susceptible to other external impressions.

Is the COMPLEXION florid, or pale, or dark?

What is the COLOR and condition of the HAIR, and the COLOR of the EYES.

Concomitant bodily infirmities, as hernia or rupture, prolapsus uteri, Curvature of the spine, lameness, &c., should be made known.

Is the DISPOSITION of the PATIENT MILD and placable, or BOISTEROUS and violent? firm or yielding, lively and communicative, or reserved and taciturn; anxious, apprehensive, or timorous, or irritable, &c?

Are the mental emotions of long continuance, or are they very transient?

Pains and other morbid sensations should be accurately described, giving PRECISELY the region or part, and on WHICH SIDE OF THE BODY THEY ARE SEATED, and how large a space they occupy.

Whether the pains are obtuse, and may be denominated dull or pressing, or whether they are sticking or piercing, rending, throbbing, perforating, pulling or drawing, pinching, scratching, gnawing, cutting, griping, burning, obtusely pricking or crawling, itching, tickling, numb or as if the part were asleep, as if from a sprain or contusion, or whether they consist of several of these sensations combined, or may be more accurately represented by other terms; what is direction of pain? Are the symptoms continued, or DO THEY REMIT OR VARY IN INTENSITY from time to time? Do they RECUR AT PARTICULAR TIMES OF DAY OR NIGHT, or at certain intervals of one or more days? Do they come suddenly and in full severity, or gently, and then gradually increase? Do they cease suddenly or gradually? Is there recurrence, aggravation, diminution or cessation connected with the exercise of any bodily function? Do they arise or disappear, are they INCREASED OR DIMINISHED BY EXERCISE, WHEN COMMENCING TO MOVE OR DURING CONTINUED MOTION, or DURING REST, by lying down, by lying on right or left side, by LYING WITH THE HEAD HIGH OR LOW, or sitting, by stretching out, or bending up the body, BY WALKING, by standing, by WARMTH OR COLD, in the OPEN AIR OR WITHIN DOORS, by light, by noises, by talking, by eating, by drinking or swallowing soon after eating, by the MOTION of the AFFECTED PART, or by touching or pressing it, by mental emotion,—fright, anger, during bodily or mental exercise, reading, &c., &c.

Are the symptoms associated with anxiety greater or less? Do they impair the powers of thought or recollection, or the due exercise of the senses? (seeing, hearing, &c.)

Are the motions or functions of the affected part in any way impaired or disabled? Or is the local disease associated with complaints in other parts, and with what? Does it alternate with other complaints?

Is the affected part RED OR SWOLLEN? Is the swelling hard or soft or painful to the touch, and does it leave an indentation after pressure with the finger?

During the sufferings of individual parts or functions of the body (even when these functions are not the principal ones) further information is to be given respecting the state of the patient's mind; whether suffering patiently or inclined to weep, to be morose, passionate, despairing, greatly anxious or fearful, &c., or whether the mind is remarkably affected in these respects by the disease.

Are the intellectual functions, power of thought, memory, or desire or ability for mental or bodily exercise weakened? Aberrations of mind, morbid affections of the moral and intellectual faculties are to be described by the narrators, strictly as they are manifested, by the patient's words or conduct.

Is there dizziness, or "a dull, heavy sensation" of the head—disorders of sight? Does the patient see objects indistinctly as through a veil or mist? Are dark specks seen floating before the eyes, or sparks, or false colors? Do objects appear double or quivering? Is the patient short—or long-sighted? Is the pupil contracted, dilated or very changeable? Are the eyes watery, red, inflamed, averse to the light? Do the eyelids frequently adhere together? Do they open and close properly? Are they affected by convulsive motions or twitchings, or beset with styes? Are there specks upon the cornea?

Disorders of hearing: Is there a roaring, whizzing, or ringing noise in the ears? Is the ear-wax dry or fluid, oozing from the ears, or foetid?

Are the nostrils obstructed? Is there a cold in the head with or without a discharge from the nose? Sneezing? Sense of smell? Soreness and rawness of the nostrils, or a bad smell from them? Bleeding at the nose?

Are the teeth incrustated with tartar, loose, decayed, and have any fallen out or been extracted? Are the gums pale or red, hard or soft, spongy, swollen, apt to bleed, or retracted from the neck of the teeth?

Is there a dryness of the mouth? Or excessive flow of saliva? Is the saliva viscid, slimy, foetid, bloody? Is the surface of the tongue, tonsils, uvula, palate, fauces or lips affected with blisters, swellings, or ulcers, or covered with mucus?

Is the tongue dry or moist, acutely sensible, chapped, sore or raw, clean or covered with fur (white or yellow)?

Are the functions of speech, chewing, or motion of the tongue unembarrassed? Is swallowing performed without difficulty? (Is the swallowing of fluids or solids, or of the spittle attended by inconvenience?) Has the patient a bad breath? Is the taste natural or absent, slimy, salt, bitter, sour, foul? Have the different articles of food their proper taste, or are they insipid, slimy, bitter, sour, salt, &c.? How is the appetite and thirst? What articles of food or drink are preferred? Is THE PATIENT THIRSTY, and HOW MUCH liquid is required to quench the thirst? What complaints arise after eating and drinking? Is the patient troubled with frequent belching of wind, with or without taste, — or does it taste of the food just eaten, or of what? Is there regurgitation of fluids from the stomach, or a confluence of saliva in the mouth? And of what taste in either case? Is there vomiting of water, saliva or mucus, of an acrimonious, acrid or bitter taste, or of a putrid taste and smell, or of a yellow, green or bloody aspect? Does the patient vomit coagulated blood, or food? Is there sickness or nausea? Is the abdomen TENSE, FULL, HARD, or EMPTY and RETRACTED? In the case of pains or other complaints in the abdomen, the PARTICULAR REGION in which they are seated should be accurately defined. (for example: pit of the stomach, region of the navel, immediately below the ribs, in which side, &c.)

Is the patient troubled with flatulency? Is there frequent rolling and rumbling in the bowels? Does the wind readily escape, or is it restrained, and what are the complaints which it seems to give rise to? Are the evacuations from the bowels effected with ease or difficulty?

How frequent are they? What is their consistence? Are they fœcal or slimy, or bloody, &c.? What is their color? Are there any complaints immediately preceding, during or following a stool? Are there any large or small worms discharged? Are there abrasions or sore places, warts or piles in the rectum or anus, and do the latter sometimes protrude or bleed? What complaints arise before, or during, or after the urinary discharge? And is the discharge sparing or copious? What is the aspect of the urine? — (Is it clear, high-colored, or turbid?) Does it soon change after evacuation and deposit, mucus or sand, or a white, or red sediment? Does it contain blood, pus, or gravel.

Men are to give every information in relation to the sexual functions and the genital organs. Are there any discharges, what, and where? &c.

Women should relate every circumstance in relation to menstruation. At what age did it first appear? And have they been regular ever since? How are the periods now; are they regular, too frequent, or is the interval too long, too copious or sparing? How long did they continue while the patient was in health, and how long since she became diseased? What complaints precede, exist with or follow menstruation? What influence upon the discharge has motion or rest, &c? What is the color of the discharge? Is it clotted, foetid, excoriating? Is the patient troubled with the whites? And how long? Constantly, or before or after menstruation? Bland or acrimonious? Watery or thick? White, yellow or greenish, possessing any peculiar odor, and if so, what? Foetid? Has she ever had the green sickness, or uterine diseases, and in what did they consist? Intimations concerning sexual desire, and its influence upon the health are desirable for the physician.

If the patient is or has been married, state particulars as to time, &c. Has she had children, and has she often conceived? Has she had miscarriages and how often? How were they occasioned, and what were the accompanying symptoms, (for example, great loss of blood)? What complaints were there during pregnancy? What were the incidents during labor and child-bed? Were injuries, hemorrhage, or diseases attendant? Or are any complaints remaining therefrom? Did the patient nurse her children at the breast? And was the nursing attended or followed by any complaint?—Has she suffered with sore nipples, or inflamed breasts? And from this cause or others, has she indurations of the breasts? At what age did menstruation cease? And with what complaints was the cessation accompanied?

Is the breathing short, or otherwise oppressed? WHEN ASCENDING A HEIGHT WHAT SENSATION IS PRODUCED? When descending, is there any unnatural sensation? DOES THE CHILD CRINGE, FROM DOWNWARD MOTION? Is the breathing asthmatic, wheezing, or rattling? Does the patient make any complaint on drawing a deep breath? How is the voice, rough, hoarse, hollow, &c?

Is there a cough? Is it slight, and short, or hard and difficult? What feeling seems to provoke the cough and where is the feeling relieved by the act of coughing? Does it seem to come deep from the breast? Do the paroxysms of coughing last long, and are they attended by swelling of the face and loss of breath? How does the cough sound? Is it dry, or followed by expectoration? Is expectoration easy or difficult, sparing or copious, mucous, purulent, resembling saliva, bloody, (interspersed or tinged with blood, and of a bright, or dark color, or is it pure blood?) white, yellow, green, ash-colored, &c? Does it taste salt, sweet, bitter, or what taste has it?

Is there a superabundance of mucus in the larynx or trachea, or does it seem to lie deep in the breast? In what part of the organs of respiration is seated the irritation to cough? AT WHAT HOUR IS COUGH WORST? And from whence proceeds the matter expectorated? AT WHAT HOUR IS EXPECTORATION MOST? Is there palpitation of the heart? or throbbing in other parts of the body? Does the patient suffer from transient flushes of heat? He can perhaps describe the condition of the pulse. Are the glands under the ear, under the jaw, in the arm-pits, on the head, in the groins, swollen or suppurated?

Is the patient afflicted with goitre, or an enlargement of the gland over the wind-pipe.

Are there swellings of the bones or joints, are there tubercles or swellings, or swollen or knotted veins?

Are there any parts red, swollen, and painful? Are the hands or feet swollen? Is there lameness of one or more of the limbs? Are there cramps or spasms, tremor, twitching or starting, stupor or falling asleep, or other morbid sensations in any of the limbs? Is the skin pallid, yellow, &c.? Is it dry or inclined to sweat, or otherwise in an unhealthy condition?

Is there itching of the skin (tickling, slight prickling, or a sensation of biting, burning, crawling, sticking)? Is it relieved by scratching, or is the sensation thereby only changed for another? The presence in the skin of wheals, swellings, boils, chilblains and corns is to be mentioned, and the attendant sensations described. Also cutaneous eruptions, as miliary eruptions or rashes, spots, pimples, vesicles and pustules are to be described. viz: their seat, color, abundance, size; whether

filled with water or pus, whether covered with scabs or crusts, and their duration. Also, tetters, scaliness, scald, brown and blue spots, moles, freckles, cracks or fissures of the skin, blisters with corrosive discharges, ulceration at the angles of the mouth, warts, chafing of the skin, malformation of the nails, falling out of the hair, scales or scabs on the head. When there are ulcers, whether they are inflamed or overgrown with what is called proud flesh, whether their margins are elevated, whether they easily bleed, or their bottom looks red, black, or as if containing a fatty substance; whether the matter issuing from them is copious, thin, thick, bloody, white, yellow, black, acrimonious, foetid. Is there chilliness, or a feeling of heat? Chilliness, heat or sweat of particular parts? sweating of the feet, whether warm, cold or foetid? When the patient has fever do the paroxysms consist of a cold, hot and sweating stage? do they alternate with or succeed each other? What is the order of their succession? With what intensity, and how long does each continue? Are they general, or do they affect particular parts only? With or without thirst? With paleness or redness of the face and skin? Are there other symptoms accompanying the paroxysm of fever (cold, hot and sweating stage)?

Particular paroxysms of disease, as swooning, cramps, epilepsy, spasms of the stomach, asthma, &c., are to be accurately described in their commencement, course and termination — whether they are changed, AGGRAVATED OR RELIEVED AT CERTAIN HOURS OF THE DAY, during the performance of any bodily function, or by certain postures of the body. Is sleep refreshing? Does the patient sleep long, or restless, and is the sleep interrupted by frequent waking or startings? Does the patient talk or moan in sleep, or have the night-mare? Is the sleep disturbed by anxious dreams, and of what character? IN WHAT POSTURE DOES THE PATIENT LIE DURING SLEEP? Accustomed to sleep with the mouth open? How is the strength? Is the patient obliged to lie down, or able to remain up? Does the patient feel languid, weary, or sluggish, &c. Emaciated? The patient should relate previous diseases, PARTICULAR CUTANEOUS DISEASES,—itch, eruptions of the head, tetters, erysipelas, small-pox, measles, pimples on the face or any itching eruptions of the skin, and whether treated with external applications.

Also,—whether the patient has had scrofula, (glandular swellings) rickets, gout, rheumatism, piles, difficult dentition, worms, cramps, epilepsy (convulsions), whooping cough, inflammations of the lungs, or other inflammations, intermittent or remittent fever, jaundice, hemorrhages, diseases of the teeth, apoplexy and palsy, ulcers, or other diseases.

The patients must state as nearly as possible, how long they labored under either of these affections, how long they were under treatment for them, what were the remedies employed, and what has been used for the existing disease.

Have medicated baths, herb teas of any kind, blood-letting, emetics or cathartics, teas “for purifying the blood,” valerian tea, “strengthening medicines,” Peruvian bark, &c., been resorted to?

Is the patient in the habitual use of distilled or fermented liquors, coffee, tea, much fat victuals, acid, salt, or high-seasoned food? Is much food partaken of, and what? The manner of living should be described, and whether accustomed to the use of woolen clothing. When passions or emotions of the mind, retard recovery, or have caused and sustained the disease, these circumstances should not be concealed from the physician. For example: disappointed love, blighted hopes, grief, domestic unhappiness, want.

Neither should the fact of former licentiousness be concealed, it may have contributed to the disease. Different temperaments require different remedies, and if the physician you are consulting, is not already familiar with your appearance, if convenient, enclose your photograph, it may be of value in selecting the remedy.

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